

Amended

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

212

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: *2/28/08*

Supp. L

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1072001

1. NAME Miller Charlie L.
Last _____ First _____ MI _____

2. BUSINESS PHONE 504-481-1442

3. BUSINESS ADDRESS 4013 Hyacinth Ave BR, LA 70808
Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS 5411 E
Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same
Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

✓ 1. Name William Trotter II - St. Gabriel Darrell
Address 600 Jefferson St. Suite 1030
Business or purpose Promote Horse Racing Track

New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

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2. Name

Contemporary Arts Center

Address

900 Camp St.

Business or purpose

Capital Artistry Project New RepresentationDoes this person pay you?

If No, who pays you?

 Terminated Representation as of _____

3. Name

Address

Business or purpose _____

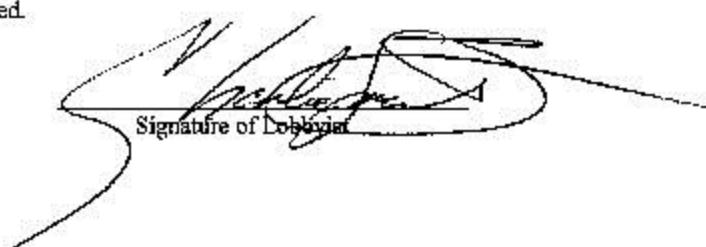
 New Representation

Does this person pay you? _____

If No, who pays you?

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist